

VOLUNTARY REGISTRATION PROVIDER APPLICATION FORM

PLEASE PRINT. Please read this application carefully. Make sure that the application is filled in completely.

NAME: _____
(First) (Middle) (Last) Social Security Number

Street Address: _____
City State Zip Code

Mailing Address, if different from above: _____
City State Zip Code

Telephone: _____ Date of Birth: ____/____/____
(Area Code) Number

City/County in which the provider lives: _____

1. I am applying for:

- ☐ An initial certificate of registration ☐ Address change only
☐ A renewal certificate of registration ☐ Name change only (_____)
Previous Last Name

2. How many adults live in the family day care home?

- ☐ One ☐ Three ☐ More than four (Number) ____
☐ Two ☐ Four

3. Are you interested in serving as a substitute for other providers when vacant slots are available?

- ☐ Yes, I am interested in being a substitute ☐ No, I am not interested

4. Are you currently participating in the USDA Food Program? ☐ Yes ☐ No

If yes, Name of Sponsoring Agency: _____

5. If no, are you interested in participating in the USDA food program?

- ☐ Yes ☐ No

(FOR AGENCY USE ONLY)

.....
Date application and check received by the contracting organization ____/____/____

RECOMMENDATION FOR CERTIFICATE OF REGISTRATION

STIPULATIONS:

I certify that the Requirements for Voluntary Registration of Family Day Homes have been reviewed at the home named above and that these requirements have been met by the provider. I recommend a Certificate of Registration be issued with an effective date of:

____/____/____ through ____/____/____

Executive Director/Agency Representative

Contracting Organization

Date

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Part II of II

Name of Provider: _____ Social Security Number: _____

If you have an assistant, please provide the following information:

Name of Assistant: _____ Date of Birth: ____/____/____

Name of Assistant: _____ Date of Birth: ____/____/____

If you have a substitute provider, please provide the following information:

Name of Substitute: _____ Date of Birth: ____/____/____

Name of Substitute: _____ Date of Birth: ____/____/____

List the name of all persons (other than the provider) who are at least 18 years of age and reside in the home:
(Verify with Page 1, # 2)

_____	_____
_____	_____
_____	_____

Days and Hours of Normal Operation:

Sworn Disclosure Statement or Affirmation: (This statement must be signed in the presence of a notary.)

I certify that the information submitted on this application is true to the best of my knowledge and belief. I certify that I am the primary child care provider and that the child care to be provided is either in my home or the residence of one of the children receiving care for compensation. I understand that I must disclose to parents or guardians of children in care the percentage of time per week that someone other than myself will care for children.

Provider's Signature: _____ Date: _____

City/County of _____; State of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____.

Signature of Notary Public

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Part II of II

List the names and birth dates of all children (provider's own children, any children residing in the home, and any children receiving care in the family day home) who are under the age of 18.

NOTE: To be eligible for voluntary registration, no more than five non-exempt children (children that are not the provider's own children or children who live in the home) may be in care in the home at any one time.

_____ Check here if all of the children listed below are the grandchildren of the provider.

Name of child	Date of birth	←-----Check Only One-----→		
		Son or Daughter	Residing in the home	Non-exempt
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

If more than five (5) children are receiving care in the home, attach a schedule of when all children are in care, including hours and days of the week.